

Procter & Gamble - I.P. Division**IMPORTANT CONFIDENTIALITY NOTICE**

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

FAX RECEIVED

APR 10 2003

**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****GROUP 1600****TO: Examiner, S. J. Sharareh - United States Patent and Trademark Office**

Fax No. (703) 308-4556

Phone No. (703) 306-5400

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 9, 2003, to the above-identified facsimile number.

Joan B. Cunningham (Signature)

FROM: Joan B. Cunningham

Fax No. (513) 622-3300

Phone No. (513) 622-3993

Number of Pages Including this Page: 10

Listed below are the item(s) being submitted with this Certificate of Transmission:

- 1) Fee Transmittal (1 page)
- 2) RCE Transmittal (1 page)
- 3) Petition for Ext. of Time Pursuant to 37 CFR § 1.136(a) (1 page)
- 4) Amendment Under 37 CFR 1.114 (6 pages)
- 5)

Inventor(s): Rennie, et al.

S.N.: 09/692,634

Filed: October 19, 2000

Case: 8308

Comments:



FEE TRANSMITTAL for FY 2003 Patent fees are subject to annual revision.	Complete if Known	
	Application Number	09/692,634
	Confirmation Number	8314
	Filing Date	October 19, 2000
	First Named Inventor	Paul J. Rennie
	Examiner Name	S. Sharareh
	Group/Art Unit	1617
TOTAL AMOUNT OF PAYMENT (\$860)		Attorney Docket No. 8308

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 16-2490 Deposit Account Name The Procter & Gamble Company <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1st month</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1252</td><td>410</td><td>Extension for reply within 2nd month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>930</td><td>Extension for reply within 3rd month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,450</td><td>Extension for reply within 4th month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>1,970</td><td>Extension for reply within 5th month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>320</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>320</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>280</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,300</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,300</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>470</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Petitions related to provisional applications (37 C.F.R. 1.17(q))</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750</td><td>Request for Continued Examination (RCE)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1300</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">* Reduced by Basic Filing Fee Paid</td><td></td></tr> <tr><td colspan="3">SUBTOTAL(3)</td><td>(\$)[860]</td></tr> </tbody> </table>		Code	(\$)	Fee Description	Fee Paid	1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>	1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>	1053	130	Non-English specification	<input type="checkbox"/>	1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>	1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>	1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>	1251	110	Extension for reply within 1 st month	<input checked="" type="checkbox"/>	1252	410	Extension for reply within 2 nd month	<input type="checkbox"/>	1253	930	Extension for reply within 3 rd month	<input type="checkbox"/>	1254	1,450	Extension for reply within 4 th month	<input type="checkbox"/>	1255	1,970	Extension for reply within 5 th month	<input type="checkbox"/>	1401	320	Notice of Appeal	<input type="checkbox"/>	1402	320	Filing a brief in support of an appeal	<input type="checkbox"/>	1403	280	Request for oral hearing	<input type="checkbox"/>	1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>	1452	110	Petition to revive - unavoidable	<input type="checkbox"/>	1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>	1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>	1502	470	Design issue fee	<input type="checkbox"/>	1460	130	Petitions to the Commissioner	<input type="checkbox"/>	1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>	1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>	1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>	1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>	1801	750	Request for Continued Examination (RCE)	<input checked="" type="checkbox"/>	1802	900	Request for expedited examination of a design application	<input type="checkbox"/>	1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	* Reduced by Basic Filing Fee Paid				SUBTOTAL(3)			(\$)[860]
Code	(\$)	Fee Description	Fee Paid																																																																																																																																
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>																																																																																																																																
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>																																																																																																																																
1053	130	Non-English specification	<input type="checkbox"/>																																																																																																																																
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>																																																																																																																																
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>																																																																																																																																
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>																																																																																																																																
1251	110	Extension for reply within 1 st month	<input checked="" type="checkbox"/>																																																																																																																																
1252	410	Extension for reply within 2 nd month	<input type="checkbox"/>																																																																																																																																
1253	930	Extension for reply within 3 rd month	<input type="checkbox"/>																																																																																																																																
1254	1,450	Extension for reply within 4 th month	<input type="checkbox"/>																																																																																																																																
1255	1,970	Extension for reply within 5 th month	<input type="checkbox"/>																																																																																																																																
1401	320	Notice of Appeal	<input type="checkbox"/>																																																																																																																																
1402	320	Filing a brief in support of an appeal	<input type="checkbox"/>																																																																																																																																
1403	280	Request for oral hearing	<input type="checkbox"/>																																																																																																																																
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>																																																																																																																																
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>																																																																																																																																
1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>																																																																																																																																
1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>																																																																																																																																
1502	470	Design issue fee	<input type="checkbox"/>																																																																																																																																
1460	130	Petitions to the Commissioner	<input type="checkbox"/>																																																																																																																																
1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>																																																																																																																																
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>																																																																																																																																
1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>																																																																																																																																
1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>																																																																																																																																
1801	750	Request for Continued Examination (RCE)	<input checked="" type="checkbox"/>																																																																																																																																
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>																																																																																																																																
1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>																																																																																																																																
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																																
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																																
* Reduced by Basic Filing Fee Paid																																																																																																																																			
SUBTOTAL(3)			(\$)[860]																																																																																																																																
FEE CALCULATION 1. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>Utility filing fee <input type="checkbox"/></td></tr> <tr><td>1002</td><td>330</td><td>Design filing fee <input type="checkbox"/></td></tr> <tr><td>1004</td><td>750</td><td>Reissue filing fee <input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee <input type="checkbox"/></td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)[]</td></tr> </tbody> </table>		Code (\$)	Fee Description	Fee Paid	1001	750	Utility filing fee <input type="checkbox"/>	1002	330	Design filing fee <input type="checkbox"/>	1004	750	Reissue filing fee <input type="checkbox"/>	1005	160	Provisional filing fee <input type="checkbox"/>	SUBTOTAL (1)		(\$)[]	2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td><input type="checkbox"/> - 20** =</td><td><input type="checkbox"/> x</td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> <tr><td>Independent Claims</td><td><input type="checkbox"/> - 3** =</td><td><input type="checkbox"/> x</td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> <tr><td colspan="4">** or number previously paid, if greater; For Reissues, see below</td></tr> <tr><td colspan="4">Code (\$)</td></tr> <tr><td colspan="4">1202 18 Claims in excess of 20</td></tr> <tr><td colspan="4">1201 84 Independent claims in excess of 3</td></tr> <tr><td colspan="4">1203 280 Multiple dependent claim, if not paid</td></tr> <tr><td colspan="4">1204 84 **Reissue independent claims over original patent</td></tr> <tr><td colspan="4">1205 18 **Reissue claims in excess of 20 & over original patent</td></tr> <tr><td colspan="3">SUBTOTAL (2)</td><td>(\$)[]</td></tr> </tbody> </table>			Extra Claims	Fee from Below	Fee Paid	Total Claims	<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>	Independent Claims	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>	Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/>	** or number previously paid, if greater; For Reissues, see below				Code (\$)				1202 18 Claims in excess of 20				1201 84 Independent claims in excess of 3				1203 280 Multiple dependent claim, if not paid				1204 84 **Reissue independent claims over original patent				1205 18 **Reissue claims in excess of 20 & over original patent				SUBTOTAL (2)			(\$)[]																																																														
Code (\$)	Fee Description	Fee Paid																																																																																																																																	
1001	750	Utility filing fee <input type="checkbox"/>																																																																																																																																	
1002	330	Design filing fee <input type="checkbox"/>																																																																																																																																	
1004	750	Reissue filing fee <input type="checkbox"/>																																																																																																																																	
1005	160	Provisional filing fee <input type="checkbox"/>																																																																																																																																	
SUBTOTAL (1)		(\$)[]																																																																																																																																	
	Extra Claims	Fee from Below	Fee Paid																																																																																																																																
Total Claims	<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>																																																																																																																																
Independent Claims	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>																																																																																																																																
Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/>																																																																																																																																
** or number previously paid, if greater; For Reissues, see below																																																																																																																																			
Code (\$)																																																																																																																																			
1202 18 Claims in excess of 20																																																																																																																																			
1201 84 Independent claims in excess of 3																																																																																																																																			
1203 280 Multiple dependent claim, if not paid																																																																																																																																			
1204 84 **Reissue independent claims over original patent																																																																																																																																			
1205 18 **Reissue claims in excess of 20 & over original patent																																																																																																																																			
SUBTOTAL (2)			(\$)[]																																																																																																																																

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Joan B. Cunningham	Registration No.	43,962
Signature	<i>Joan B. Cunningham</i>	Telephone	(513) 622-3993
		Date	April 9, 2003

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-303a.
 Burden Hour Statement: This form is estimated to take 0.7 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.

